



## Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

RECEIVED

2011 SEP 12 AM 11:54

Fill in dates: Reporting Period Beginning January 1 2011 Ending September 2011 CITY CLERKS OFFICE  
QUINCY, MASS. 02169

Type of report: (Check one)

☒ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolutionJohn C. Cain

Full Name of Candidate (if applicable)

Ward 3 City Council

Office Sought and District

192 South Central Avenue

Residential Address

617 472-5844

Tel. No. (optional)

Committee to Elect John Cain

Committee Name

Manuel C. Garrido

Name of Committee Treasurer

192 South Central Avenue

Committee Mailing Address

Tel. No. (optional)

## SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>0</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>3,580 -</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>3,580 -</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>2,372.42</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>1,207.58</u>
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Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0</u>
Line 8: Name of bank(s) used	<u>Eastern Bank</u>

## Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Treasurer's signature (in ink)

9/10/11  
Date

## FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

## Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

9/10/11  
Date

# SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
8/13/11	Adukonis, Bruce & Naureen 209 S. Central Ave., Quincy, MA 02170	\$	100 00	
8/31/11	Campanale, Michael & Pamela 119 Winthrop Ave., Quincy, MA 02170		100 00	
8/13/11	Fasoli, Paul & Denise 264 S. Central Ave., Quincy, MA 02170		200 00	Treasurer TRI Construction Company, Inc.
8/13/11	Garrido, Nieves Z. 23 Piermont St., Quincy, MA 02170		100 00	
7/16/11	Hill, Natalie A. 100 Edward Cody Ln., Weymouth, MA 02190		75 00	
8/13/11	Laurie, Mary & Paul 106 Washington St., #42, Quincy, MA 02164		100 00	
8/20/11	Lohan, Eugene & Eileen 196 S. Central Ave., Quincy, MA 02170		100 00	
8/13/11	McCormack, Colman & Marsha 10 Hatherly Road, Quincy, MA 02169		100 00	
8/13/11	McCormack, Meredith L. 489 E. Broadway, #4, Boston, MA 02127		100 00	
8/25/11	Messing, Daniel & Kathleen 309 Belmont St., Quincy, MA 02170		100 00	
8/13/11	Nason, George C. 234 Everett St., Quincy, MA 02170		100 00	
8/01/11	O'Hanley, Kevin J. 456 Adams St., Quincy, MA 02169		800 00	Loan to Committee to Elect JC
7/15/11	Verhault, Sandy & Stephen 183 Highland Ave., Quincy, MA 02170		100 00	
8/13/11	Walsh, Jack & Veronica 1122 Canton Ave., Milton, MA 02186		100 00	
—				
Line 9: Total receipts in excess of \$50 (or listed above)		\$	2,175 00	
Line 10: Total receipts \$50 and under* (not listed above)			1,405 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$	3,580 00	Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE B: EXPENDITURES

*M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.*

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

[illegible]

Enter on page 1, line 4

\*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

## SCHEDULE D: LIABILITIES

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.*

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 8/15/11

Name of Individual Being Reimbursed: Kathleen Cain

Committee Name: Committee to Elect John Cain

CPF ID Number (if applicable):

Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

65.00

65.00

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 9/10/11

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		8/31/11
Name of Individual Being Reimbursed:	Kathleen Cain	
Committee Name:	Committee to Elect John Cain	
CPF ID Number (if applicable):		Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

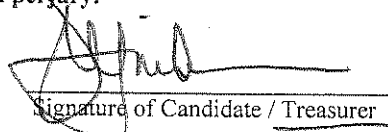
Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

66.08

66.08

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date: 9/10/11

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
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Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 9/01/11

Name of Individual Being Reimbursed: Kathleen Cain

Committee Name: Committee to Elect John Cain

CPF ID Number (if applicable):

Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
9/01/11	Wollaston Post Office	Beach Street Wollaston, MA 02170	USPS Stamps - Campaign Office Supplies	\$99.88

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

\$99.88

Line 2: Expenditures \$50 or under (not itemized):

0

Line 3: TOTAL AMOUNT REIMBURSED:

\$99.88

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 9/10/11

Please prepare a separate report for each reimbursement check issued by the committee.